

ATF-WAIVED  
BY T.P.

**APPLICATION FOR  
RECREATIONAL VEHICLE**

Bayfield County Planning and Zoning Department  
P.O. Box 58  
117 East Fifth Street  
Washburn, WI 54891  
Phone - (715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.  
Changes in plans must be approved by the Zoning Department

Office Use:

Zoning District/Lakes Class \_\_\_\_\_

Application No. 21-0071

Date 4-28-21

Fee Paid \$75 10-23-20

\$175 10-23-20

Property Owner Cory W - Jennifer L Egler

Property Address 12721 Scenic Drive  
of RV placement.

Mailing Address 6329 75th ST NE

Iron River WI 54847

Elgin, Mn. 55932

Agent: \_\_\_\_\_

Telephone 507-259-1546

Written Authorization Attached: Yes ( ) No (x)

**Accurate Legal Description involved in this request:**

SW 1/4 of SE 1/4 of Section 12 Township 46 N. Range 08 W. Town of Delta

Gov't Lot — Lot 1 Block — Subdivision — CSM #000771

Volume 5 Page 194 of Deeds Parcel I.D. # 040162460812403000 <sup>20000</sup> Acreage 3.44

Additional Legal Description: \_\_\_\_\_

ATTACH  
Copy of Tax Statement

Is your RV in a Shoreland Zone? Yes ☒ No ☐ If Yes, Distance from Shoreline: 75' or greater ☒ < 75' to 40' ☐ less than 40' ☐

RV: New ☒ Replacement ☐

Year: 2003 Vin #: 4YDT35F2437308341

Make of RV: Keystone

Model of RV: Hornet Sport

FAILURE TO OBTAIN A PERMIT OR PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

**APPLICANT - PLEASE COMPLETE REVERSE SIDE**

For Office Use Only

Zoning District/Lakes Class: \_\_\_\_\_

Permit Issued: \_\_\_\_\_ Sanitary Number \_\_\_\_\_ Date \_\_\_\_\_

Issuance Date 4-28-21 Permit Number 21-0071 Permit Denied (Date) \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Inspection Record: \_\_\_\_\_

By \_\_\_\_\_ Date of Inspection \_\_\_\_\_

Variance (B.O.A.) # \_\_\_\_\_

Condition: RV may be placed up to 4 months from issuance date. Must be removed by: \_\_\_\_\_

Signed [Signature]  
Inspector

3/29/21  
Date of Approval

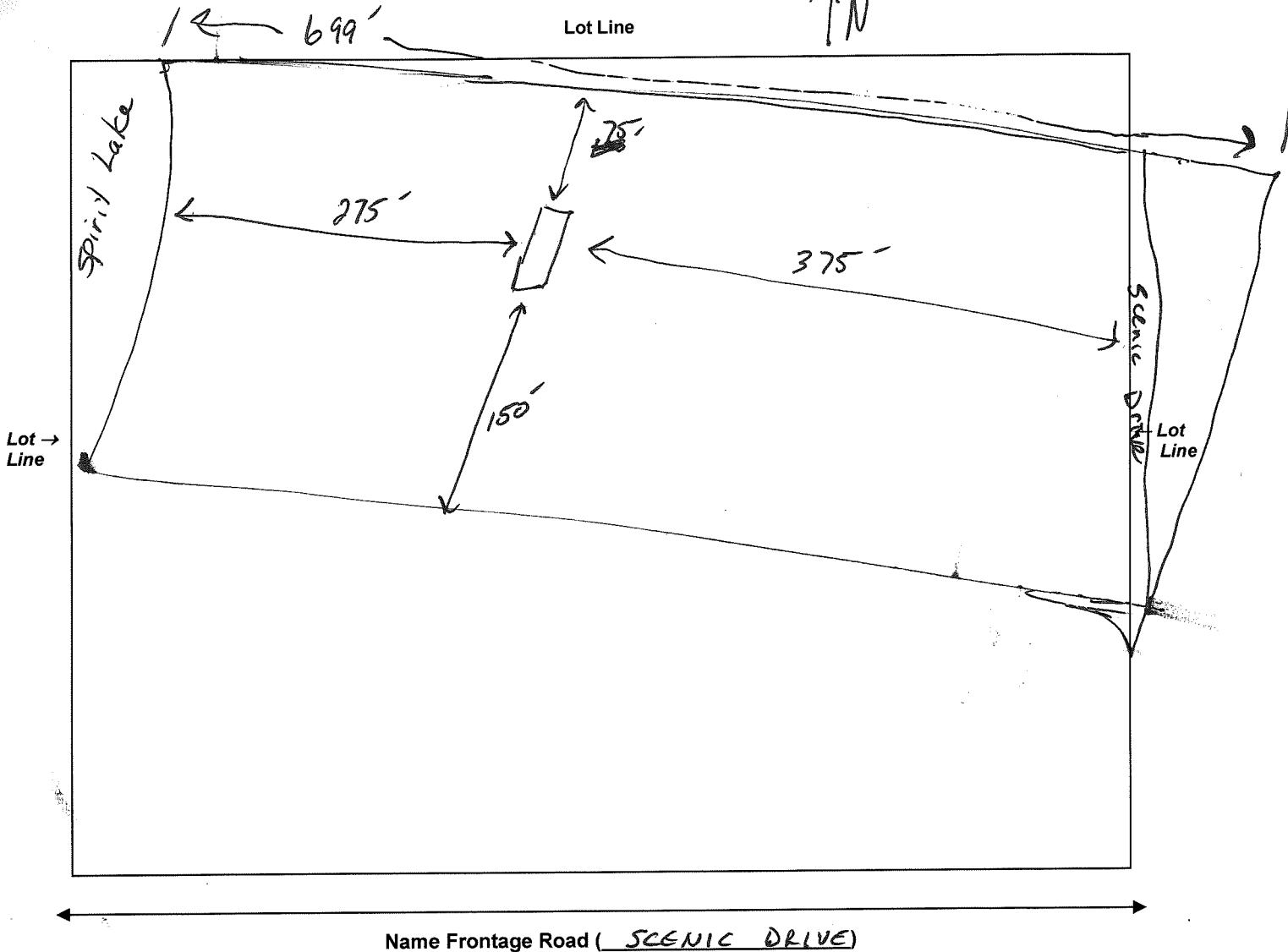
frontage road as a guideline, and indicate North (N) on plot plan

RV (Recreation Vehicle) location

**IMPORTANT**  
Detailed Plot Plan is Necessary

show dimensions in feet on the following:

- RV from centerline of road(s).
- RV from right-of-way line
- RV from property lines
- RV from lake, river, stream or pond
- RV from Privy



NOTICE: The local town, village, city, state or federal agencies may also require permits.

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent Cory L. [Signature] Date 7-27-2020  
Address to send permit 6329 75<sup>th</sup> St NE Elgin MN 55932

City, Village, State or Federal  
May Also Be Required

LAND USE - X  
SANITARY - X (CTUC)  
SIGN -  
SPECIAL - Class A  
CONDITIONAL -  
BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **21-0071**

Issued To: **Cory & Jennifer Egglar**

**Part of the**

Location: **SW**  $\frac{1}{4}$  of **SE**  $\frac{1}{4}$  Section **12** Township **46** N. Range **8** W. Town of **Delta**

Gov't Lot

Lot **1**

Block

Subdivision

CSM# **771**

For: **Recreational Vehicle (RV) and Privy (CTUC)**

Make: **Keystone** Model #: **Hornet Sport** Vehicle #: **4YDT35F2437308341** Year: **2003**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition: **May not be used for permanent residence.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.

This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

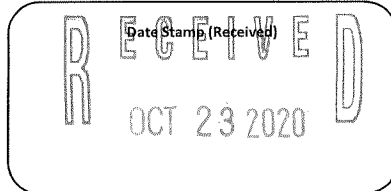
**April 28, 2021**

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



|              |                |
|--------------|----------------|
| Permit #:    | 21-0072        |
| Date:        | 4-28-21        |
| Amount Paid: | \$775 10-23-20 |
| Refund:      |                |

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

|  |  |  |  |   |  |                                |  |   |  |   |  |  |  |                                |  |
|--|--|--|--|---|--|--------------------------------|--|---|--|---|--|--|--|--------------------------------|--|
| TYPE OF PERMIT REQUESTED →   |  | <input checked="" type="checkbox"/> LAND USE |  | <input type="checkbox"/> SANITARY               |  | <input type="checkbox"/> PRIVY |  | <input type="checkbox"/> CONDITIONAL USE        |  | <input type="checkbox"/> SPECIAL USE                    |  | <input type="checkbox"/> B.O.A.  |  | <input type="checkbox"/> OTHER |  |
| Owner's Name:<br>Cory W - Jennifer L Egger                           |  |  |  | Mailing Address:<br>6329 75 <sup>th</sup> ST NE |  |                                |  | City/State/Zip:<br>Elgin MN 55932               |  |   |  | Telephone:<br>507 259-1546   |  |                                |  |
| Address of Property:<br>12721 SCENIC DRIVE                           |  |  |  | City/State/Zip:<br>Iron River WI. 54847         |  |                                |  | Plumber:<br>Plumber Phone:                      |  |   |  | Cell Phone:  |  |                                |  |
| Contractor:<br>Self  |  |  |  | Contractor Phone:                               |  |                                |  | Agent Phone:                                    |  |   |  | Agent Mailing Address (include City/State/Zip):  |  |                                |  |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) |  |  |  | Agent Phone:                                    |  |                                |  | Agent Mailing Address (include City/State/Zip): |  |   |  | Written Authorization Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                |  |
| PROJECT LOCATION   |  | Legal Description: (Use Tax Statement)       |  |   |  | Tax ID#<br>13485               |  |   |  | Recorded Document: (Showing Ownership)<br>Warranty Deed |  |  |  |                                |  |
| SW 1/4, SE 1/4   |  | Gov't Lot                                    |  | Lot(s)<br>1                                     |  | CSM<br>771                     |  | Vol & Page<br>S-194                             |  | CSM Doc #<br>20188-575429                               |  | Lot(s) #   |  | Block #                        |  |
| Subdivision:   |  | Section 12                                   |  | Township 46 N                                   |  | Range 08 W                     |  | Town of:<br>Delta                               |  | Lot Size  |  | Acreage<br>3.44  |  |                                |  |

|   |   |   |   |  |
|---|---|---|---|--|
| <input checked="" type="checkbox"/> Shoreland | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : _____ feet | Is your Property in Floodplain Zone?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|   | <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →  | Distance Structure is from Shoreline : 250 feet   |   |  |
| <input type="checkbox"/> Non-Shoreland        |   |   |   |  |

| Value at Time of Completion<br>* include donated time & material | Project  | Project # of Stories                        | Project Foundation                                 | Total # of bedrooms on property       | What Type of Sewer/Sanitary System(s)<br>Is on the property or Will be on the property?   | Type of Water on property                |
|--|--|---|--|---------------------------------------|---|--|
| \$ 258,000   | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Basement                  | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City   | <input type="checkbox"/> City            |
|  | <input type="checkbox"/> Addition/Alteration         | <input type="checkbox"/> 1-Story + Loft     | <input type="checkbox"/> Foundation                | <input type="checkbox"/> 2            | <input checked="" type="checkbox"/> (New) Sanitary Specify Type: _____                    | <input checked="" type="checkbox"/> Well |
|  | <input type="checkbox"/> Conversion                  | <input type="checkbox"/> 2-Story            | <input checked="" type="checkbox"/> Slab           | <input type="checkbox"/> 3            | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____                            | <input type="checkbox"/>                 |
|  | <input type="checkbox"/> Relocate (existing bldg)    |   | <input type="checkbox"/>                           | <input type="checkbox"/>              | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) |  |
|  | <input type="checkbox"/> Run a Business on Property  |   | <input checked="" type="checkbox"/> Use Year Round | <input type="checkbox"/> None         | <input type="checkbox"/> Portable (w/service contract)                                    |  |
|  | <input type="checkbox"/>                             |   | <input type="checkbox"/>                           |                                       | <input type="checkbox"/> Compost Toilet   |  |
|  |  |   |  |                                       | <input type="checkbox"/> None   |  |

|  |            |           |            |
|--|------------|-----------|------------|
| Existing Structure: (if addition, alteration or business is being applied for) | Length:    | Width:    | Height:    |
| Proposed Construction: (overall dimensions)                                    | Length: 40 | Width: 30 | Height: 15 |

| Proposed Use  | ✓                                   | Proposed Structure   | Dimensions  | Square Footage |
|---|-------------------------------------|--|-------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/>            | Principal Structure (first structure on property)  | ( X )       |                |
|   | <input checked="" type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.)  | ( 40 X 30 ) | 1200           |
|   |                                     | with Loft  | ( X )       |                |
|   |                                     | with a Porch   | ( X )       |                |
|   |                                     | with (2 <sup>nd</sup> ) Porch  | ( X )       |                |
|   |                                     | with a Deck  | ( X )       |                |
| <input type="checkbox"/> Commercial Use             |                                     | with (2 <sup>nd</sup> ) Deck   | ( X )       |                |
|   |                                     | with Attached Garage   | ( X )       |                |
| <input type="checkbox"/> Municipal Use              | <input type="checkbox"/>            | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )       |                |
|   | <input type="checkbox"/>            | Mobile Home (manufactured date) _____  | ( X )       |                |
|   | <input type="checkbox"/>            | Addition/Alteration (explain) _____  | ( X )       |                |
|   | <input type="checkbox"/>            | Accessory Building (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Accessory Building Addition/Alteration (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Special Use: (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Conditional Use: (explain) _____   | ( X )       |                |
|   | <input type="checkbox"/>            | Other: (explain) _____   | ( X )       |                |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Cory W Egger  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 7-27-2020

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application).

Date

Address to send permit 6329 75<sup>th</sup> ST NE ELGIN MN 55932

Attach  
Copy of Tax Statement

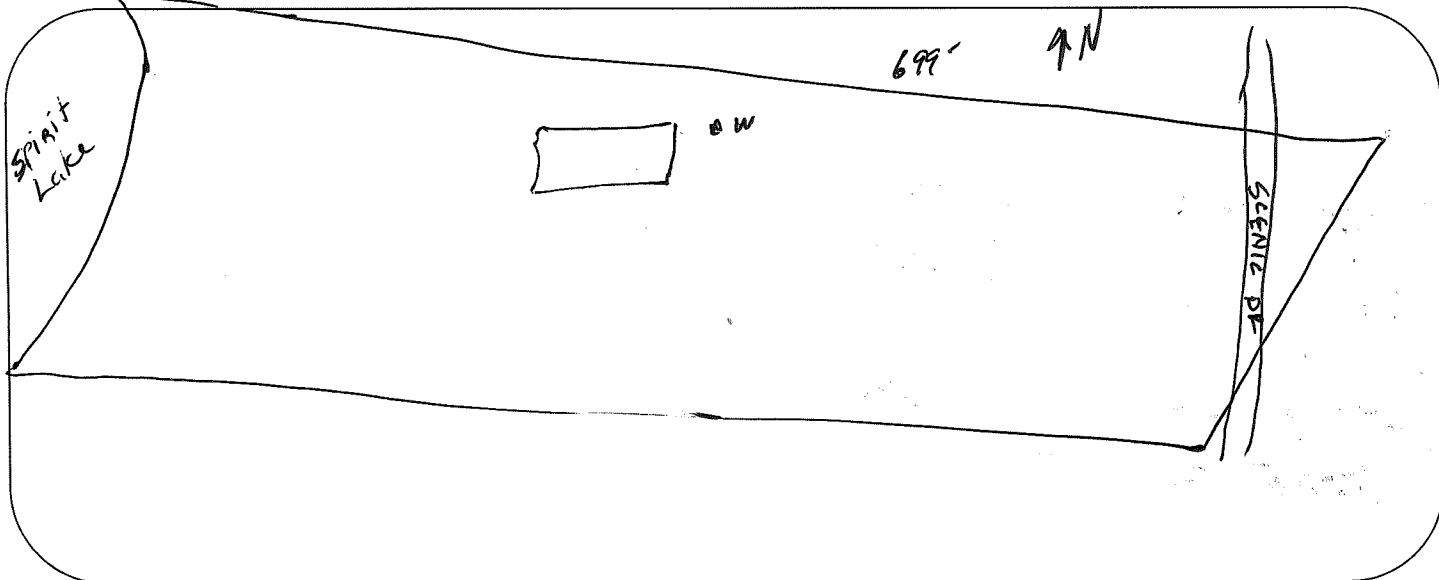
If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted

Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

- (1) Show Location of: **Proposed Construction**  
 (2) Show / Indicate: **North (N)** on Plot Plan  
 (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road** (Name Frontage Road)  
 (4) Show: **All Existing Structures** on your Property  
 (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**  
 (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**  
 (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

| Description  | Setback Measurements | Description   | Setback Measurements  |
|--|----------------------|---|---|
| Setback from the <b>Centerline of Platted Road</b> | 350 Feet             | Setback from the <b>Lake</b> (ordinary high-water mark) | 250 Feet  |
| Setback from the <b>Established Right-of-Way</b>   | 320 Feet             | Setback from the <b>River, Stream, Creek</b>            | Feet  |
|  |                      | Setback from the <b>Bank or Bluff</b>                   | Feet  |
| Setback from the <b>North Lot Line</b>             | 30 Feet              |   |   |
| Setback from the <b>South Lot Line</b>             | 200 Feet             | Setback from <b>Wetland</b>                             | Feet  |
| Setback from the <b>West Lot Line</b>              | 250 Feet             | <b>20% Slope Area on the property</b>                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the <b>East Lot Line</b>              | 900 Feet             | <b>Elevation of Floodplain</b>                          | Feet  |
|  |                      |   |   |
| Setback to <b>Septic Tank or Holding Tank</b>      | N/A Feet             | Setback to <b>Well</b>                                  | 20 Feet   |
| Setback to <b>Drain Field</b>                      | N/A Feet             |   |   |
| Setback to <b>Privy</b> (Portable, Composting)     | N/A Feet             |   |   |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

|   |  |   |  |   |  |   |                    |
|---|--|---|--|---|--|---|--------------------|
| <b>Issuance Information (County Use Only)</b>   |  | Sanitary Number:  |  | # of bedrooms:  |  | Sanitary Date:  |                    |
| Permit Denied (Date):   |  | Reason for Denial:  |  |   |  |   |                    |
| Permit #: 21-0072   |  | Permit Date: 4-28-21  |  |   |  |   |                    |
| Is Parcel a Sub-Standard Lot  |  | <input type="checkbox"/> Yes (Deed of Record)                       | <input checked="" type="checkbox"/> No | Mitigation Required   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required |
| Is Parcel in Common Ownership   |  | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s))              | <input checked="" type="checkbox"/> No | Mitigation Attached   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached |
| Is Structure Non-Conforming   |  | <input type="checkbox"/> Yes  | <input checked="" type="checkbox"/> No |   |  |   |                    |
| Granted by Variance (B.O.A.)  |  |   |  | Previously Granted by Variance (B.O.A.)                                     |  |   |                    |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:   |  |   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: |  |   |                    |
| Was Parcel Legally Created  |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | Were Property Lines Represented by Owner                                    |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                    |
| Was Proposed Building Site Delineated   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Was Property Surveyed   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                    |
| Inspection Record:  |  |   |  | Zoning District (R-RB)  |  |   |                    |
|   |  |   |  | Lakes Classification (2)  |  |   |                    |
| Date of Inspection: 10/1/20   |  | Inspected by: [Signature]   |  | Date of Re-Inspection:  |  |   |                    |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) |  |   |  |   |  |   |                    |
| Build as proposed<br>Get required udc inspections   |  |   |  |   |  |   |                    |
| Signature of Inspector: [Signature]   |  |   |  |   |  | Date of Approval: 3/29/21   |                    |
| Hold For Sanitary: <input type="checkbox"/>   |  | Hold For TBA: <input type="checkbox"/>                              |  | Hold For Affidavit: <input type="checkbox"/>                                |  | Hold For Fees: <input type="checkbox"/>                             |                    |

Age, State or Federal  
Also Be Required

- X  
- 21-27S

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **21-0072** Issued To: **Cory & Jennifer Egger**

Location: **SW**  $\frac{1}{4}$  of **SE**  $\frac{1}{4}$  Section **12** Township **46** N. Range **8** W. Town of **Delta**

Gov't Lot                      Lot **1**                      Block                      Subdivision                      CSM# **771**

For: **Residential Use: [ 1- Story; Residence (40' x 30') = 1,200 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): Build as proposed. Get required UDC inspections.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**April 28, 2021**

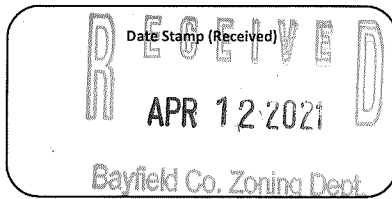
Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



|              |                 |
|--------------|-----------------|
| Permit #:    | 21-0079         |
| Date:        | 4-28-21         |
| Amount Paid: | \$75<br>4-28-21 |
| Refund:      |                 |

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

|  |  |  |  |   |  |  |  |   |  |                                      |  |  |  |                                |  |
|--|--|--|--|---|--|--|--|---|--|--------------------------------------|--|--|--|--------------------------------|--|
| TYPE OF PERMIT REQUESTED →   |  | <input type="checkbox"/> LAND USE      |  | <input type="checkbox"/> SANITARY                               |  | <input type="checkbox"/> PRIVY                         |  | <input type="checkbox"/> CONDITIONAL USE        |  | <input type="checkbox"/> SPECIAL USE |  | <input type="checkbox"/> B.O.A.  |  | <input type="checkbox"/> OTHER |  |
| Owner's Name:<br>EUGENE P. & CHERYL J. BRINKER                       |  |  |  | Mailing Address:<br>10615 EAGLE LAKE RD<br>IRON RIVER, WI 54847 |  |  |  | City/State/Zip:<br>IRON RIVER, WI 54847         |  |                                      |  | Telephone:<br>715-322-5184   |  |                                |  |
| Address of Property:<br>10615 EAGLE LAKE RD.                         |  |  |  | City/State/Zip:<br>IRON RIVER, WI 54847                         |  |  |  | Cell Phone:                                     |  |                                      |  |  |  |                                |  |
| Contractor:<br>SELF  |  |  |  | Contractor Phone:   |  |  |  | Plumber:  |  |                                      |  | Plumber Phone:   |  |                                |  |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) |  |  |  | Agent Phone:  |  |  |  | Agent Mailing Address (include City/State/Zip): |  |                                      |  | Written Authorization Attached<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                |  |
| PROJECT LOCATION   |  | Legal Description: (Use Tax Statement) |  | Tax ID#<br>13325  |  | Recorded Document: (Showing Ownership)<br>2010R 535339 |  |   |  |                                      |  |  |  |                                |  |
| SW 1/4, SE 1/4   |  | Gov't Lot                              |  | Lot(s)  |  | CSM  |  | Vol & Page<br>1049899                           |  | CSM Doc #                            |  | Lot(s) #   |  | Block #                        |  |
| Subdivision:<br>DELTA TOWNSHIP                                       |  | Section 03                             |  | Township 46N  |  | N, Range 08  |  | W   |  | Town of:<br>DELTA                    |  | Lot Size   |  | Acreage<br>40                  |  |

|   |   |   |   |  |
|---|---|---|---|--|
| <input type="checkbox"/> Shoreland                | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? <u>NO</u> If yes---continue → | Distance Structure is from Shoreline : _____ feet | Is your Property in Floodplain Zone?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|   | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →   | Distance Structure is from Shoreline : _____ feet |   |  |
| <input checked="" type="checkbox"/> Non-Shoreland |   |   |   |  |

|   |   |   |  |                                 |   |   |                           |  |
|---|---|---|--|---------------------------------|---|---|---------------------------|--|
| Value at Time of Completion<br>* include donated time & material<br><br>\$ 1000.00? | <input type="checkbox"/> New Construction           | <input type="checkbox"/> 1-Story        | <input type="checkbox"/> Basement              | Total # of bedrooms on property | What Type of Sewer/Sanitary System(s)<br>Is on the property or Will be on the property? |   | Type of Water on property |  |
|   | <input type="checkbox"/> Addition/Alteration        | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation            |                                 | <input type="checkbox"/> 1  | <input type="checkbox"/> Municipal/City   |                           | <input type="checkbox"/> City            |
|   | <input type="checkbox"/> Conversion                 | <input type="checkbox"/> 2-Story        | <input type="checkbox"/> Slab                  |                                 | <input type="checkbox"/> 2  | <input type="checkbox"/> (New) Sanitary Specify Type: _____                               |                           | <input checked="" type="checkbox"/> Well |
|   | <input type="checkbox"/> Relocate (existing bldg)   |   |  |                                 | <input checked="" type="checkbox"/> 3   | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>SEPTIC SYSTEM</u>  |                           | <input type="checkbox"/>                 |
|   | <input type="checkbox"/> Run a Business on Property |   | Use  |                                 | <input type="checkbox"/>  | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) |                           |  |
|   | <input checked="" type="checkbox"/> SMALL DECK      |   | <input checked="" type="checkbox"/> Year Round |                                 | <input type="checkbox"/> None   | <input type="checkbox"/> Portable (w/service contract)                                    |                           |  |
|   |   |   | <input checked="" type="checkbox"/> POSTS      |                                 | <input type="checkbox"/> Compost Toilet   |   |                           |  |
|   |   |   |  |                                 | <input type="checkbox"/> None   |   |                           |  |

|  |              |             |             |
|--|--------------|-------------|-------------|
| Existing Structure: (if addition, alteration or business is being applied for) | Length: 30'  | Width: 45'  | Height: 15' |
| Proposed Construction: (overall dimensions)                                    | Length: 120' | Width: 108' | Height: 21' |

|   |                                     |  |            |                      |
|---|-------------------------------------|--|------------|----------------------|
| Proposed Use  | ✓                                   | Proposed Structure   | Dimensions | Square Footage       |
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/>            | Principal Structure (first structure on property)  | ( X )      |                      |
|   | <input type="checkbox"/>            | Residence (i.e. cabin, hunting shack, etc.)  | ( X )      |                      |
|   |                                     | with Loft  | ( X )      |                      |
|   |                                     | with a Porch   | ( X )      |                      |
|   |                                     | with (2nd) Porch   | ( X )      |                      |
|   |                                     | with a Deck  | ( X )      |                      |
| <input type="checkbox"/> Commercial Use             |                                     | with (2nd) Deck  | ( X )      |                      |
|   |                                     | with Attached Garage   | ( X )      |                      |
|   | <input type="checkbox"/>            | Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | ( X )      |                      |
|   | <input type="checkbox"/>            | Mobile Home (manufactured date) _____  | ( X )      |                      |
| <input type="checkbox"/> Municipal Use              | <input type="checkbox"/>            | Addition/Alteration (explain) _____  | ( X )      |                      |
|   | <input type="checkbox"/>            | Accessory Building (explain) _____   | ( X )      |                      |
|   | <input checked="" type="checkbox"/> | Accessory Building Addition/Alteration (explain) ADD TO REAR OUTSIDE STEPS (10' X 9')  | ( X )      | 90 sq. ft. (OVERALL) |
|   | <input type="checkbox"/>            | Special Use: (explain) _____   | ( X )      |                      |
|   | <input type="checkbox"/>            | Conditional Use: (explain) _____   | ( X )      |                      |
|   | <input type="checkbox"/>            | Other: (explain) _____   | ( X )      |                      |

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Eugene P. Brinker, Cheryl J. Brinker  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 4-07-21

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 4/7/21

Address to send permit 10615 EAGLE LAKE RD, IRON RIVER, WI 54847

Attach  
Copy of Tax Statement

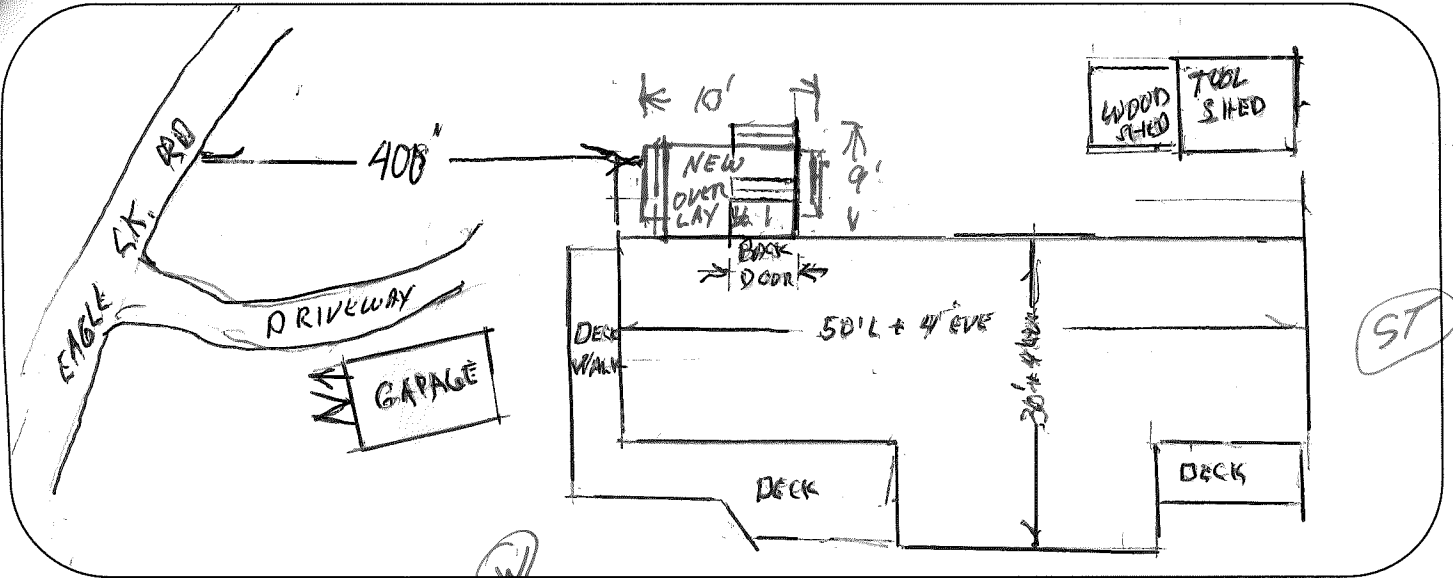
If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted

Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

- Show Location of: Proposed Construction  
 Show / Indicate: North (N) on Plot Plan  
 (3) Show Location of (\*): (\* Driveway and (\* Frontage Road (Name Frontage Road)  
 (4) Show: All Existing Structures on your Property  
 (5) Show: (\* Well (W); (\* Septic Tank (ST); (\* Drain Field (DF); (\* Holding Tank (HT) and/or (\* Privy (P)  
 (6) Show any (\*): (\* Lake; (\* River; (\* Stream/Creek; or (\* Pond  
 (7) Show any (\*): (\* Wetlands; or (\* Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description                                 | Setback Measurements | Description                                      | Setback Measurements                                     |
|---|----------------------|--|--|
| Setback from the Centerline of Platted Road | 400' Feet            | Setback from the Lake (ordinary high-water mark) | Feet   |
| Setback from the Established Right-of-Way   | Feet                 | Setback from the River, Stream, Creek            | Feet   |
|   |                      | Setback from the Bank or Bluff                   | Feet   |
| Setback from the North Lot Line             | 200' Feet            |  |  |
| Setback from the South Lot Line             | Feet                 | Setback from Wetland                             | Feet   |
| Setback from the West Lot Line              | Feet                 | 20% Slope Area on the property                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line              | Feet                 | Elevation of Floodplain                          | Feet   |
|   |                      |  |  |
| Setback to Septic Tank or Holding Tank      | Feet                 | Setback to Well                                  | Feet   |
| Setback to Drain Field                      | Feet                 |  |  |
| Setback to Privy (Portable, Composting)     | Feet                 |  |  |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

|   |   |   |   |   |
|---|---|---|---|---|
| <b>Issuance Information (County Use Only)</b>   |   | Sanitary Number:  | # of bedrooms:  | Sanitary Date:  |
| Permit Denied (Date):   |   | Reason for Denial:  |   |   |
| Permit #: 21-0079   |   | Permit Date: 4-28-21  |   |   |
| Is Parcel a Sub-Standard Lot  | <input type="checkbox"/> Yes (Deed of Record)                       | <input checked="" type="checkbox"/> No                                      | Mitigation Required   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership   | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s))              | <input checked="" type="checkbox"/> No                                      | Mitigation Attached   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming   | <input type="checkbox"/> Yes  | <input checked="" type="checkbox"/> No                                      | Affidavit Required  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Granted by Variance (B.O.A.)  |   | Previously Granted by Variance (B.O.A.)                                     |   |   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: |   |   |
| Was Parcel Legally Created  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Were Property Lines Represented by Owner                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Was Proposed Building Site Delineated   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Was Property Surveyed   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| Inspection Record:  |   | Zoning District (F-1)   |   |   |
| Date of Inspection: 4/20/21   |   | Lakes Classification (N/A)  |   |   |
| Inspected by: [Signature]   |   | Date of Re-Inspection:  |   |   |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) |   |   |   |   |
| Build as proposed   |   |   |   |   |
| Signature of Inspector: [Signature]   |   |   |   | Date of Approval: 4/20/21   |
| Hold For Sanitary: <input type="checkbox"/>   | Hold For TBA: <input type="checkbox"/>                              | Hold For Affidavit: <input type="checkbox"/>                                | Hold For Fees: <input type="checkbox"/>                             | <input type="checkbox"/>  |



City, Village, State or Federal  
May Also Be Required

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

No. **21-0079** Issued To: **Eugene & Cheryl Brinker**

**SW ¼ of SE ¼ &**  
Location: **SE ¼ of SE ¼** Section **3** Township **46** N. Range **8** W. Town of **Delta**

| Gov't Lot | Lot | Block | Subdivision | CSM# |
|-----------|-----|-------|-------------|------|
|-----------|-----|-------|-------------|------|

For: **Residential Addition: [ 1- Story; Steps (10' x 9') = 90 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

## Condition(s): Build as proposed

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**April 28, 2021**

Date